

## Exercise America-National Parks Team Registration Form



Team Name: \_\_\_\_\_

Team Member #1 (Team Captain): \_\_\_\_\_

Phone #: \_\_\_\_\_ Department: \_\_\_\_\_

U.S. Mailing Address (For receiving program materials): \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please send my weekly information to the following email (choose only one):

\_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ I do not have e-mail, please fax to: \_\_\_\_\_

How did you hear about this program? (Check one)

\_\_\_ Email \_\_\_ Website \_\_\_ Flyer \_\_\_ Other: \_\_\_\_\_

Please select your activity level (Check one)

- ☐ Park Ranger: "I currently exercise more than 3 days per week for 30 minutes per session"
- ☐ Yogi Bear: "I currently exercise less than 3 days a week for 20 minutes per session"

Registration Gift (Chose only one): *Those who register by August 13<sup>th</sup> will be guaranteed their 1st choice of gift)*

\_\_\_\_\_ Low-Fat Cook Book \_\_\_\_\_ The Colorado Trail Data Book

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Team Member #2: \_\_\_\_\_

Phone #: \_\_\_\_\_ Department: \_\_\_\_\_

U.S. Mailing Address (For receiving program materials): \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please send my weekly information to the following email (choose only one):

\_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ I do not have e-mail, please fax to: \_\_\_\_\_

How did you hear about this program? (Check one)

\_\_\_ Email \_\_\_ Website \_\_\_ Flyer \_\_\_ Other: \_\_\_\_\_

Please select your activity level (Check one)

- ☐ Park Ranger: "I currently exercise more than 3 days per week for 30 minutes per session"
- ☐ Yogi Bear: "I currently exercise less than 3 days a week for 20 minutes per session"

Registration Gift (Chose only one): *Those who register by August 13<sup>th</sup> will be guaranteed their 1st choice of gift)*

\_\_\_\_\_ Low-Fat Cook Book \_\_\_\_\_ The Colorado Trail Data Book

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**Team Member #3:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Department: \_\_\_\_\_

U.S. Mailing Address (For receiving program materials): \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please send my weekly information to the following email (choose only one):

\_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ I do not have e-mail, please fax to: \_\_\_\_\_

How did you hear about this program? (Check one)

\_\_\_\_ Email \_\_\_\_ Website \_\_\_\_ Flyer \_\_\_\_ Other: \_\_\_\_\_

Please select your activity level (Check one)

- ☐ Park Ranger: “I currently exercise more than 3 days per week for 30 minutes per session”  
☐ Yogi Bear: “I currently exercise less than 3 days a week for 20 minutes per session”

Registration Gift (Chose only one): *Those who register by August 13<sup>th</sup> will be guaranteed their 1st choice of gift*

\_\_\_\_\_ Low-Fat Cook Book \_\_\_\_ The Colorado Trail Data Book

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**Team Member #4:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Department: \_\_\_\_\_

U.S. Mailing Address (For receiving program materials): \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please send my weekly information to the following email (choose only one):

\_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ I do not have e-mail, please fax to: \_\_\_\_\_

How did you hear about this program? (Check one)

\_\_\_\_ Email \_\_\_\_ Website \_\_\_\_ Flyer \_\_\_\_ Other: \_\_\_\_\_

Please select your activity level (Check one)

- ☐ Park Ranger: “I currently exercise more than 3 days per week for 30 minutes per session”  
☐ Yogi Bear: “I currently exercise less than 3 days a week for 20 minutes per session”

Registration Gift (Chose only one): *Those who register by August 13<sup>th</sup> will be guaranteed their 1st choice of gift*

\_\_\_\_\_ Low-Fat Cook Book \_\_\_\_ The Colorado Trail Data Book

**Use the United States Postal Service to mail your completed registration form and team payment of  
\$80.00 no later than August 23, 2004 to:  
State Employee Wellness Center 1570 Grant Street, Suite W, Denver, CO 80203  
(Make checks payable to **HEALTHBREAK**)**